

# MVFF Cinema Circus Filmmaking Camp 2016 Season

## Official Hard Copy Application Form to be returned with required Immunization and Medical Records

By the State of Massachusetts, we are required to have all these forms filled out, signed and returned in order for your child to attend our camp.

### CAMPER INFORMATION

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Child's Last Name	Child's First Name	Age/Date of Birth	Which week of Camp
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Island Mailing Address	Off Island Mailing Address
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Parent or Guardian	Alternate Parent or Guardian
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Home Phone	Work Phone	Cell
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Email _____	Alternate Parent Email _____
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EMERGENCY CONTACT/ RELATIONSHIP:

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EMERGENCY CONTACT/ RELATIONSHIP #2:

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Does your child have any physical restrictions? Allergies? Please specify including treatments, medications \_\_\_\_\_

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Please share a little bit about the student's behavior and ability in working with peers and adults in a highly creative environment.

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One a scale of 1-10, how excited is the student to participate in the program? \_\_\_\_\_

### **Permission to Administer First Aid**

In the event of an emergency, injury or situation that requires medical attention

I, \_\_\_\_\_,  
Parent/guardian

to administer the necessary first aid to \_\_\_\_\_.

We also give permission to notify and utilize ambulance service as well as the services of Martha's Vineyard Hospital should that be deemed necessary.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Permission to Administer Medication/ Sunscreen**

I, \_\_\_\_\_, give authorization to the Camp Director of the MVFF Filmmaking Camp to Administer medication to my child under the supervision of the Health Care Supervisor with detailed written instructions from a medical doctor. I understand that any and all medication will be kept in their original containers in a lock box away from campers.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **CAMPER RELEASE FORM**

### **Please fill out the following:**

Names of people and their relationship to your child(ren) who have your permission to pick up your child after camp and the telephone number where they can be most easily reached.

1. \_\_\_\_\_ **Phone#** \_\_\_\_\_

2. \_\_\_\_\_ **Phone#** \_\_\_\_\_

3. \_\_\_\_\_ **Phone #** \_\_\_\_\_

4. \_\_\_\_\_ **Phone #** \_\_\_\_\_

Please notify us immediately if there are any changes to this list.

Does your child(ren) have permission to walk or bike home after camp?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**MEDICAL FORMS**, as follows, must be submitted before attending MVFF FILMMAKING CAMP:

1. **UPDATED IMMUNIZATION RECORD / SIGNED AND DATED BY DOCTOR**
2. **PROOF OF LAST PHYSICAL / SIGNED AND DATED BY DOCTOR**

**This Form and All Medical forms may be mailed to:**

The Martha's Vineyard Film Festival  
Attn: Robyn Athearn  
P O BOX 592  
Chilmark, MA 02535

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I understand that this camp is designed to be a fun and supportive environment dedicated to student experience and training in the art of filmmaking. I understand that the Director at his or her discretion reserves the right to remove a child due to disruptive conduct with notification to the parent during any session as necessary for the good of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please notify us ahead of time if your child will not be attending on certain days during the sessions they are enrolled.

Cinema Circus Filmmaking Camp is in compliance with all Board of Health regulations as inspected and licensed by the Chilmark Board of Health.

**Please return these forms along with all Medical Forms as soon as possible!**